

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15390

State File No. ....

FILED MAY 11 1953		BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>4462</u>		Registrar's No. <u>139</u>			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).						
a. COUNTY <u>ST. FRANCIS</u>					a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCIS</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>ELVINS</u>					c. LENGTH OF STAY (in this place) <u>0940</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION					d. STREET ADDRESS (If rural, give location) <u>0</u>						
3. NAME OF DECEASED			a. (First) <u>GAMEN</u>			b. (Middle) <u>A.</u>			c. (Last) <u>BOWEN</u>		
(Type or Print)									4. DATE OF DEATH		
									(Month) (Day) (Year) <u>APR 13, 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>JAN 5, 1882</u>		9. AGE (In years last birthday) <u>71</u>		if UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>MINING</u>				11. BIRTHPLACE (State or foreign country) <u>Reynolds Co. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Bisch Bowen</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy Keay</u>				14. NAME OF HUSBAND OR WIFE <u>EX-wife Mrs Elizabeth Byers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>				16. SOCIAL SECURITY NO. <u>500-24-463</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mr Clifford Volford Claring mo.</u>			
(If yes, give war or dates of service)								ADDRESS			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>							
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES							
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
				DUE TO (b) <u>Arterio Sclerosis</u>							
				DUE TO (c)							
				II. OTHER SIGNIFICANT CONDITIONS							
				Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-1</u> , 19 <u>52</u> , to <u>4-13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-13</u> , 19 <u>52</u> , and that death occurred at <u>4 p</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>James W. Huffman</u>						23b. ADDRESS <u>Bismarck Mo.</u>			23c. DATE SIGNED <u>4-15-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-15-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAVNE</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR ELVINS, MO.</u>					
DATE REC'D BY LOCAL REG. <u>April 15, 1953</u>		REGISTRAR'S SIGNATURE <u>Esther P. ...</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u> ADDRESS <u>...</u>					

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. ....,  
working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*R. Caldwell*

Licensed Embalmer No.

*2531*

P. O. Address

*Flat River, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.